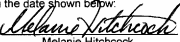
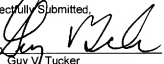


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Schuler et al.	Group No: 3772
Application No: 09/852,408 Confirmation No. 5388	Examiner: Patel, Nihir B
Filed: May 9, 2001	Attorney Docket No: 53260-CNT-US (NK.0064.00)
Title: LOCKOUT MECHANISM FOR AEROSOL DRUG DELIVERY DEVICE	September 16, 2009 San Francisco, CA 94107

Mail Stop - Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
<b>Via EFS</b>	Extension (Months)	Extension Fee	
<input checked="" type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
	<b>Total \$ 0.00</b>		
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	27	36	0	\$52.00	\$26.00	\$0.00
Independent Claims	2	4	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258.	
Fees for Extra Claims	\$0.00	and/or	
<b>Total</b>	<b>\$0.00</b>	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.	
Attached is check no. _____ in the sum of \$0.00. Please charge Deposit Account No. 10-0258 in the sum of \$ <u>0.00</u> .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</b>		Please send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically submitted via EFS on the date shown below.		Respectfully Submitted,	
By: 	Date: September 16, 2009	By: 	Date: September 16, 2009
Melanie Hitchcock		Guy V. Tucker Registration No. 45,302	